

**LIBRARY OF VIRGINIA**

State Records Center
800 E. Broad St., Richmond VA 23219
Phone: (804) 236-3705
Fax: (804) 236-3722

RECORDS CENTER RETRIEVAL REQUEST

(Form RM-18 July 2008)

INSTRUCTIONS AT BOTTOM OF PAGE

1. Name of Agency / Locality		2. Agency Code		3. Name of Department	
4. Delivery Address (ROOM, BUILDING, STREET, CITY, AND ZIP CODE)		5. Telephone Number and Extension		6. Name and Title of Requester	7. Date of Request
8. Agency Box Number	9. SRC Bar Code Number	10. Type of Delivery	11. Record Requested (IDENTIFY NAME OR NUMBER OF FILE TO BE RETRIEVED)		12. Records Received By: Date:

SRC Shelf Location (SRC USE ONLY)	Copies made: Mailed via: Special instructions: Extra charges:	Records Retrieved By: Date:
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This form is used to request your agency's or locality's records that are stored in the Records Center.
FAX requests to (804) 236-3722.

INSTRUCTIONS:**Use one form for each requested file or box.**

1. Enter full name of agency or locality.
2. Enter agency or locality budget code.
3. Enter name of department and section or subunit, if necessary.
4. Enter street, city, and zip code where records are to be delivered. Specify building and room number. Records cannot be shipped to a post office box.
5. Enter telephone number, and extension if applicable, of person requesting records.
6. Enter name and title of person requesting records.
7. Enter date request was sent to Library of Virginia.
8. Enter box number of the record (consult RECORDS TRANSFER AND RECEIPT (RM-17 FORM) issued when records were sent to LVA).
9. Enter the bar code number assigned to the box of records (consult RECORDS TRANSFER AND RECEIPT (RM-17 FORM)).
10. Enter type of delivery requested: **Normal** (within 24 hours); **Emergency** (same day, extra charge); **Emergency Retrieval** (same day, viewed at SRC); **Other** (specify).
Call for information on charges.
11. Enter name or number of record or file to be retrieved from box. Specify if you are requesting entire box.
12. When original records are delivered, the records requester acknowledges receipt of the records here by signing and entering the date.

KEEP ONE COPY OF THIS REQUEST WITH THE FILE OR BOX AT ALL TIMES.